

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: John Newsam
Title: APPARATUS AND METHODS FOR
EVALUATING THE BARRIER PROPERTIES
OF A MEMBRANE
Appl. No.: 10/566,648
Filing Date: 8/16/2006
Examiner: Dwayne K. Handy
Art Unit: 1773
Confirmation Number: 7548

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

[] Assertion of Small Entity status is enclosed.

[X] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	27	-	37	=	0	x	\$60.00	=	\$0.00
Independent Claims:	6	-	6	=	0	x	\$250.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$450.00	=	\$0.00
CLAIMS FEE TOTAL									= \$0.00

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input checked="" type="checkbox"/> Extension for response filed within the first month:	\$150.00	\$150.00
<input type="checkbox"/> Extension for response filed within the second month:	\$560.00	\$0.00
<input type="checkbox"/> Extension for response filed within the third month:	\$1,270.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,980.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,690.00	\$0.00
EXTENSION FEE TOTAL:		\$150.00
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$160.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$150.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$0.00
Extension Fees Previously Paid:		\$0.00
TOTAL FEE:		\$150.00

A credit card payment form in the amount of \$150.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date October 28, 2011

By Courtenay C. Brinckerhoff

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